

Speech and language therapy supporting the delivery of the 10 Year Health Plan March 2026

Key issues

- The [10 Year Health Plan for England](#) offers an opportunity to improve health outcomes for millions of people across the country. Speech and language therapists (SLTs) are central to achieving this vision, playing a pivotal role in delivering the three key shifts of community-based care, prevention, and digital integration.
- Communication and swallowing needs affect people across the entire life course and are closely linked to giving children the best start, tackling health inequalities, managing long-term conditions, supporting workforce participation, and promoting independence, and quality of life.
- Speech and language therapy is deeply aligned with the Plan's goals, particularly in its focus on early intervention, reducing inequalities, and enabling coordinated, preventative care closer to home. The ambitions of the 10 Year Health Plan cannot be fully realised without SLTs' expertise in shaping both service delivery and decision-making from the outset.

How speech and language therapists contribute to delivering the plan

From hospital to community

- **Early intervention with children:** Early intervention and management of speech, language, and communication needs are particularly crucial for children. SLTs help children reach their full potential by preventing future health, educational, social, and mental health difficulties. This aligns with the Plan's focus on early intervention and preventative care, ensuring that children and young people thrive in educational settings.
- **Adult care for long-term conditions:** For adults, particularly those with long-term conditions, managing swallowing and communication difficulties can significantly improve their quality of life. This also contributes to reducing hospital admissions, supporting people to live independently, and facilitating their continued participation in the workforce.

From analogue to digital

- SLTs are pivotal in the adoption of digital tools that support the delivery of care across the health system. Digital services that enhance communication and

swallowing management need to be accessible and inclusive, ensuring that they meet the needs of all populations, including those with lower health literacy.

From sickness to prevention: addressing health inequalities

- A significant proportion of ill-health and early deaths are driven by preventable factors such as poor diet, smoking, alcohol use, and inactivity. SLTs contribute to prevention in various ways:
 - supporting people with communication difficulties to better understand health advice and engage with prevention messages; and
 - promoting healthier lifestyles through work on feeding, swallowing, voice, and smoking cessation.
- Speech, language and communication skills are the foundation for child development. Speech and language therapists work in partnership with families, health visitors and other early years professionals to provide information, advice and training on early language and communication, preventing negative impacts on the child's emotional development and learning.
- Public health campaigns must be inclusive and communication accessible and address the needs of people with lower health literacy to reduce inequalities effectively.

Neighbourhood health models

- Neighbourhood health services present a strong opportunity to position community services, rehabilitation and reablement as core neighbourhood functions, rather than peripheral services. SLTs should be embedded within Integrated Neighbourhood Teams, helping ensure services are designed to meet the diverse needs of the population, including children, working-age adults, and older adults.
- To succeed, neighbourhood health services must plan for, resource and fully utilise the whole health and care workforce. SLTs must be engaged meaningfully in service design, workforce planning, and system leadership from the outset.
- SLTs must be included across the life course, to ensure that services support children, working-age adults, and older adults effectively. Without this representation, the potential of neighbourhood models to improve health outcomes could be compromised.
- The expansion of Best Start Family Hubs offers a clear opportunity to deliver early intervention, prevention, and integration with health and education professionals working together.

Concerns

While there are clear opportunities, several concerns must be addressed for the 10 Year Health Plan to succeed:

- **Workforce capacity:** There is a significant risk that people with communication and swallowing needs could be overlooked if the SLT workforce is not expanded, properly planned for, and adequately resourced.
- **Lack of AHP Leadership:** The lack of senior Allied Health Professional (AHP) leadership within Integrated Care Systems (ICSs) could lead to underutilisation of SLTs and AHPs in neighbourhood teams and diminish the contribution of rehabilitation, prevention, and personalised care.
- **Address the needs of children and young people:** The Plan must address the unique needs of children and young people and not sideline services for children and young people in neighbourhood models. There is a significant risk that the unique context and specific needs of babies, children, and young people will be neglected, and the opportunity to embed AHP roles in the community to provide integrated, place-based support to deliver better child outcomes will be missed.
- **Risk of reactive models of care:** If AHP roles are not explicitly incorporated into the design of neighbourhood health services, there is a danger that delivery could default to a predominantly medical- or GP-led, reactive model of care. This could marginalise SLTs and other AHPs, potentially reducing neighbourhood health centres to focusing mainly on outpatient and diagnostic functions, rather than fully embracing their role in rehabilitation, reablement, and prevention.
- **Hospital pressures narrowing the scope:** Given the stated priority to reduce pressure on hospitals, there is a risk that guidance and implementation will focus predominantly on frail older adults, without providing clear expectations for how neighbourhood health services should be developed for children and working age adults.

Recommendations

To fully realise the potential of the 10 Year Health Plan, the RCSLT recommends the following:

- **Neighbourhood Teams:** SLTs must be integral members of neighbourhood teams, ensuring they have visibility and influence in the planning, design and delivery of services.
- **Multidisciplinary proactive care:** Multidisciplinary neighbourhood models should move beyond a GP-led approach, and teams must make full and appropriate use of

SLT expertise in delivering proactive care, when and where people need it across the life course, rather than solely focussing on hospital avoidance.

- **Investment:** Investment in the community and language therapy workforce, to enabling SLTs to deliver early intervention and prevention.
- **AHP leadership:** AHP leadership should be embedded at both system and neighbourhood levels to make appropriate use of AHPs.
- **Digital:** Digital service developments must be accessible and communication-inclusive particularly for individuals with communication difficulties, to avoid further widening health inequalities.
- **Implementation plans:** Implementation plans must be realistic about what the workforce can deliver over the next decade, factoring in workforce capacity, and ensuring services are sustainable in the long term.

For more information

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